## PART B - FEE(S) TRANSMITTAL

FIRST NAMED INVENTOR

Kietil A. NETLAND

PUBLICATION

FEE

\$300.00

ART UNIT

1795

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev | (2) the name of a single firm (having as a

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

09/13/2005

ISSUE FEE

\$755.00

WASHINGTON OFFICE
23373
CUSTOMER NUMBER

APPLICATION NO.

10/526.659

APPLN, TYPE

nonprovisional

PTO/SB/122) attached.

Authorized Signature

Typed or Printed Name

SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON. DC 20037

TITLE OF INVENTION: LIQUID CRYSTAL DOPANTS

SMALL

ENTITY

YES

EXAMINER

Geraldina Visconti

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363

☐ Change of correspondence address (or Change of Correspondence Address form

/Susan J. Mack/

Susan J. Mack

Modified PTOL-85 (Rev. 08/08 Approved for use through 08/31/2010.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

TOTAL FEE(S)

DUE

\$1,055.00

January 29, 2010

30,951

ATTORNEY DOCKET NO.

O86569

PREV. PAID ISSUE FEE

\$0.00

CLASS-SUBCLASS

252-299200

2. For printing on the patent front page list

attorneys or agents OR, alternatively,

(1) the names of up to 3 registered patent

CONFIRMATION NO.

5817

DATE DUE

01/30/2010

Sughrue Mion, PLLC

03-02 or more recent) ATTACHED. Use of a Customer Number is requ	
	names of up to 2 registered patent attorneys or
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<ol><li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)</li></ol>	
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)	
POLYDISPLAY ASA Sandefjord, Norway	
Please check the appropriate assignee category or categories (will not be printed on the patent); 🗌 Individual 🗹 Corporation or other private group entity 🗀 Government	
4a. The following fee(s) are submitted:	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)
☑ Issue Fee	☐ A check is enclosed.
☑ Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form I310-2038 is attached.
☐ Advance Order - # of Copies	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.
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5. Change in Entity Status (from status indicated above)	
□ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	$\square$ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
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